


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90104 023 \*\*\*150.00

**DOCUMENT #** P02000012269

**1. Entity Name**  
CATHY'S FLORIDA TECH CORP.



**Principal Place of Business**  
90 ALTON ROAD #705  
MIAMI BEACH FL 33139

**Mailing Address**  
90 ALTON ROAD #705  
MIAMI BEACH FL 33139



**2. Principal Place of Business**  
1155 BRICKELL BAY DR  
Suite, Apt. #, etc. 2007  
City & State MIAMI FL  
Zip 33131-3220 Country MIAMI-DADE

**3. Mailing Address**  
1155 BRICKELL BAY DR  
Suite, Apt. #, etc. 2007  
City & State MIAMI FL  
Zip 33131-3220 Country MIAMI-DADE

☐ CHECK HERE IF MAKING CHANGES

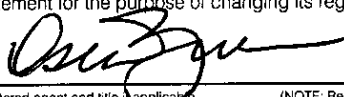
**4. FEI Number** 04-3596665

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
MANGUART, JULIO ESQ.  
1428 BRICKELL AVENUE  
SUITE 206  
MIAMI FL 33131

**7. Name and Address of New Registered Agent**  
Name OSCAR R. AGUILAR  
Street Address (P.O. Box Number is Not Acceptable) 1260 SW 142ND COURT  
City MIAMI FL Zip Code 33184

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE  DATE 2/4/03

Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

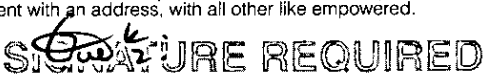
**10. OFFICERS AND DIRECTORS**

TITLE	D	NAME	KANBAZ, GEORGES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	90 ALTON ROAD #705			
CITY-ST-ZIP	MIAMI BEACH FL 33139			
TITLE	D	NAME	DELUCA, CATHERINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	90 ALTON ROAD #705			
CITY-ST-ZIP	MIAMI BEACH FL 33139			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
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TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	NAME	KANBAZ, GEORGES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1155 BRICKELL BAY DR #2007			
CITY-ST-ZIP	MIAMI, FL 33131-3220			
TITLE	D	NAME	KANBAZ, CATHERINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1155 BRICKELL BAY DR #2007			
CITY-ST-ZIP	MIAMI, FL 33131-3220			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **SIGNATURE REQUIRED** DATE 2/4/03 (785) 571-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)